

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29576

State File No. ....

FILED AUG 23 1954

BIRTH NO. ....		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>457</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY OR TOWN <u>Reels Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10-40</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Branson Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>James - Township</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First)		b. (Middle)		c. (Last) <u>Roberts</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 2-1882</u>	
9. AGE (In years) <u>72-2-12</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Pitts</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Roberts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Opal Roberts - Reels Springs Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Generalized</u>				<u>unknown</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>July 26, 1954</u> , to <u>14 Aug, 1954</u> , that I last saw the deceased alive on <u>Aug 14, 1954</u> and that death occurred at <u>5:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.C. Maysess, M.D.</u>				23b. ADDRESS <u>Branson Mo</u>		23c. DATE SIGNED <u>8-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kimberland</u>		24d. LOCATION (City, town, or county) (State) <u>Reels Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-17-54</u>		REGISTRAR'S SIGNATURE <u>J. E. Crumwell 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emmett J. Cheatham - Helen Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Everett J. Cheatham*

Licensed Embalmer No. 38

P. O. Address *Galena*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.